

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

Applicant: Glenn C. Forrester : Art Unit: 2146  
Serial No.: 10/803,288 : Examiner: Baturay, Alicia  
Filed: March 18, 2004 :  
For: METHODS AND SYSTEMS :  
FOR RETRIEVING :  
INFORMATION OVER A :  
COMPUTER NETWORK :  
:

**Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450**

**TRANSMITTAL**

1. Transmitted herewith is:  
Amendment Transmittal ( 3 pgs.)  
Amendment After Final Rejection in response to final Office Action, dated August 22, 2008 (18 pgs.)

**STATUS**

2. Applicant  
 Claims small entity status.  
 is other than a small entity.

## **EXTENSION OF TERM**

3. The proceedings herein are for a patent application and the provisions of 37 C.F.R. 1.136 apply.

(complete (a) or (b), as applicable)

(a)  Applicant petitions for an extension of time under 37 C.F.R. 1.136  
(Fees: 37 C.F.R. 1.17(a)-(d) for the total number of months checked below:)

Extension for response within:	Other than small entity Fee	Small entity Fee (if applicable)
first month	\$ 130.00	\$ 65.00
second month	\$ 490.00	\$ 245.00
third month	\$ 1,110.00	\$ 555.00
fourth month	\$1,730.00	\$ 865.00
fifth month	\$2,250.00	\$1,175.00

Fee: \$

If an additional extension of time is required, please consider this a petition therefor.

*(Check and complete the next item, if applicable)*

— An extension of \_\_\_\_\_ months has already been secured. The fee paid therefor \$\_\_\_\_\_ is deducted from the total fee due for the total months of extension now requested.

Extension fee due with this request \$ \_\_\_\_\_

OR

(b)  Applicant believes that no extension of term is required. However, this conditional petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition for extension of time.

## FEE FOR CLAIMS

4. The fee for claims (37 C.F.R. 1.16(b)-(d)) has been calculated as shown below:

(Col. 1)		(Col. 2)		(Col. 3)		SMALL ENTITY	OTHER THAN SMALL ENTITY
CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NO. PREVIOUSLY PAID FOR		PRESENT EXTRA	ADDITIONAL RATE FEE	OR	ADDITIONAL RATE FEE
TOTAL INDEP.		MINUS		=	x \$26.00 = \$		x \$52.00 = \$
		MINUS		=	x \$110.00 = \$		x \$220.00 = \$
		FIRST PRESENTATION OF MULTIPLE DEP. CLAIM			+ \$195.00 = \$		+ \$390.00 = \$
					TOTAL ADDITIONAL FEE \$	OR	TOTAL ADDITIONAL FEE \$

(a)  No additional fee for Claims is required

**OR**

(b)  Total additional fee for claims required \$ \_\_\_\_\_

## FEE PAYMENT

5. Attached is a check in the sum of \$\_\_\_\_\_

Charge Deposit Account No. 01-2384 the sum of \$  
A duplicate of this transmittal is attached.

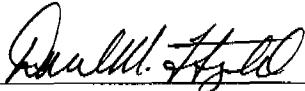
## FEE DEFICIENCY

6.  If any additional extension and/or fee is required, charge Deposit Account No. 01-2384.

## AND/OR

If any additional fee for claims is required, charge Deposit Account No. 01-2384.

7.  Other:

  
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